

Materials and methods.— We present the extraordinary case of one, suffering from multiple disabilities following a meatoplasty and whose older sister, who has him under her charge, still has hopes, 17 years after the fact, for compensation for an apparently obvious damage. We have of course anonymized our whole presentation as per the seriousness of the presented facts.

Results.— The analysis shows: That the contribution of the rehabilitation doctor is just as important in the fair evaluation of the damage and the indispensable compensations as they are essential in recognizing the principle of compensation. That specialization of the lawyer is required to, firstly, meet the procedural requirements of expertise, on the other hand, reduce the asymmetry between the casualty and predominant insurance companies (technical staff, financial resources devoted to their defense). That cooperation between the doctor and the lawyer is required to respond appropriately to forensic hazards (questionable neutrality of the expert, exempting corporatism, orientating conclusions on biases contrary to medical ethics).

Discussion.— Is this type of case a prerogative of the French overseas departments? Is the fact that being an MPR referent of a child an obstacle to this approach?

Conclusion.— The necessary means to an accomplished rehabilitation often exceed the possibilities offered by the social protection and national solidarity. The involvement of the MPR in the indemnity issue can bring out a powerful rehabilitation leverage.

Pour en savoir plus

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P031-e

Evaluation and management of motor disability of congenital origin and the role of consanguinity in the region of Tlemcen

M. Benmansour^{*}, A. Tioursi, N. Kara Zaitri, S. Taleb

CHU Dr Tidjini Damerdji, boulevard Mohammed V, 13000 Tlemcen, Algeria

^{*}Corresponding author.

E-mail address: pr.benmansour@gmail.com.

Keywords: Motor disability; Tlemcen; Consanguinity; MIF

Introduction.— The Tlemcen region is known to be an area of high consanguinity. We were interested in the effects of consanguinity in the apparition of debilitating congenital diseases.

Materials and methods.— A cross-sectional prospective descriptive study was conducted from January 2005 to December 2006 and included subjects with a congenital disability.

Objectives.— To describe the clinical aspects of congenital impairments, identify risk factors and the impact of consanguinity and assess functional independence, using the scale MIF and MIF Mômes.

Results and discussion.— Sixty subjects with congenital motor disabilities, recruited during the period 2005–2006 participated in this study. The average age was 11.5 ± 10.5 years with a mean age of 14.3 years for females versus 9.3 for boys ($p = 0.05$). Muscular dystrophies are the most disabling diseases, and logically oriented towards the concept of consanguinity; orphan diseases are characterized by their rarity.

Consanguinity was found in 61.7% of cases; it was present in two-thirds of neuromuscular diseases and orphan diseases. These handicaps were distributed as follows: 33 neuromuscular diseases (55% of the cohort), 12 orphan diseases (20%), and 14 birth defects (23.3%). Mean MIF was 53% (79% in patients with neuromuscular disease). Functional rehabilitation was provided present at all stages of the therapeutic programme. Consanguinity-related disability is severe, with an important psychological and economic impact.

Conclusion.— Consanguinity is a predictive risk factor for motor disability. The primary prevention is genetic counseling.

Further reading

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P032-e

Care of the 16–25 age-group in an education center for children with motor disabilities

J. Le Kerneau^{a,*}, C. Vigier^a, V. Gautheron^b, C. Pourchez^c

^aCentre d'éducation motrice de Montrodat, Vimenet, 48100 Montrodat, France

^bMédecine physique et réadaptation, hôpital Bellevue, 42100 Saint-Étienne, France

^cService de soins de suite et de réadaptation, centre hospitalier de Saint-Jean-de-Maurienne, 73303 Saint-Jean-de-Maurienne, France

^{*}Corresponding author.

E-mail address: joellekerneau@yahoo.fr.

Keywords: 16–25 age group; Life project; Amendment Creton; SOFMER Recommendations; MDPH

The education center for children with motor disabilities (CEM) of Montrodat was provided with a special authority approval.

Since its opening in 1968, it has been allowed to welcome in-patients suffering from motor disabilities until they were 25. As a result, it prides itself on a significant experience in the care of the 16–25 age-group.

The enforcement of the laws of 2005 (about the equality of rights and life chances, participation and citizenship of disabled people), 2007 (which reformed systems of legal protection), and 2009 “hospital, patients, health-care and territories”, modified the approach and support of the 16–25 age group. The CEM of Montrodat fitted its offers to those changes:

- restructuration of transition steps within 16 and 25;
- specialization of life units in homogeneous age, and life-project, groups;
- late housing for youngsters coming from common facilities, after they have reached 16 years old;
- welcome of young patients who had been hospitalized for years.

Further reading

Loi n° 2005-102 du 11 février 2005 pour l'égalité des droits et des chances, la participation et la citoyenneté des personnes handicapées.

Loi portant réforme de la protection juridique des majeurs n° 207-308 du 5 mars 2007.

Loi Hôpital Patients Santé Territoires.

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P033-e

Osteoporosis and cerebral palsy: Diagnosis and treatment

V. Bourg

CRF Paul-Dottin, 26, avenue Tolosane, 31 522 Ramonville Saint-Agne Cedex, France

E-mail address: veronique.bourg@asei.asso.fr.

Keywords: Low bone mineral density; Cerebral palsy; Osteoporosis

Children (and adults) with cerebral palsy (CP) are now well known to present increased risk of low bone mineral density (LBMD) and fractures. Its impact on daily life is very important with regards to pain, immobilization, and may even results in juridic problems.

Osteoporosis diagnosis is suggested by spontaneous fracture(s) or is made when a very mild trauma occurred, or on systematic X-ray radiographs, or because of diffuse and chronic bone pain.